

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38723

STATE FILE NUMBER

Registration District No. 312 Primary Registration District No. 500 Registrar's No. 2298

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Ferdinand TWP</b>		c. CITY OR TOWN <b>St. Ferdinand TWP</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>11864 Riverview</b>		d. STREET ADDRESS (If outside, give location) <b>11864 Riverview</b>	
3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>HAEFFNER</b> Last <b>HAEFFNER</b>		4. DATE OF DEATH Month <b>September</b> Day <b>15th</b> Year <b>1957</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>September 5th, 1891</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>	
11a. BIRTHPLACE (City and state or country) <b>St. Louis Co., Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Roth</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Klaus</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Christ Haeffner</b>		Address <b>11864 Riverview</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma to Liver &amp; G-I tract.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma of Ovaries</b> DUE TO (c) <b>175X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>4-5 mos.</b> <b>2</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>—</b>	
20c. TIME OF INJURY Hour <b>—</b> Month <b>—</b> Day <b>—</b> Year <b>—</b> a.m. <b>—</b> p.m. <b>—</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>		20f. CITY, TOWN, OR LOCATION <b>—</b>	
21. I attended the deceased from <b>8-16-57</b> , to <b>9-15-57</b> and last saw her alive on <b>9-15-57</b> Death occurred at <b>9:45 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Norman A. Jones M.D.</b>	
22b. ADDRESS <b>9903 Diamond Dr. (15)</b>		22c. DATE SIGNED <b>9-16-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>9/18/57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
24. FUNERAL DIRECTOR <b>DIEDRICH FUNERAL HOME, 8319 Hallsferry</b>		25. DATE RECD. BY LOCAL REG. <b>9-17-57</b>	
26. REGISTRAR'S SIGNATURE <b>Herbert B. Dink M.D.</b>		27. REGISTRAR'S SIGNATURE <b>—</b>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4108

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.